

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09742171

FILING DATE

02-28-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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3						
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49						
50						
TOTAL IND.	25					
TOTAL DEP.	27		4	20		
TOTAL CLAIMS	27		4	20		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/		/	
52	/		/		/	
53	/		/		/	
54	/		/		/	
55	/		/		/	
56	/		/		/	
57	/		/		/	
58	/		/		/	
59	/		/		/	
60	/		/		/	
61	/		/		/	
62	/		/		/	
63	/		/		/	
64	/		/		/	
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66	/		/		/	
67	/		/		/	
68	/		/		/	
69	/		/		/	
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100						
TOTAL IND.	3		4			
TOTAL DEP.	45		45			
TOTAL	10		48			